

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

0 5 — 0 0 2

2. STATE

OHIO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2005

5. TYPE OF PLAN MATERIAL (*Check One*)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

1905(a)(18) and 1905(o) of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2005 \$ 0

b. FFY 2006 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.2-A p.11a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)

Attachment 2.2-A p.11a

10. SUBJECT OF AMENDMENT

Medicaid coverage for Hospice services. Propose to amend the State Plan to no longer cover the optional group as listed in Attachment 2.2-A. Hospice will still remain a covered service of Medicaid pursuant to the Act.

11. GOVERNOR'S REVIEW (*Check One*)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED Governor has delegated  
signature to ODJFS Director.

12. SIGNATURE OF STATE AGENCY OFFICIAL

*Barbara E. Riley*

13. TYPED NAME Barbara E. Riley

14. TITLE Director

15. DATE SUBMITTED

16. RETURN TO

Becky Jackson

ODJFS/BHPP

30 East Broad Street, 27th Floor

Columbus, OH 43215-3414

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

3/3/05

18. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2005

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

*Cheryl A. Harris*  
Cheryl A. Harris

22. TITLE

Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS

RECEIVED  
MAY 6 2005  
DMCH - IL/AL/CH

Revision:

FEBRUARY 2005

(BPD)

Attachment 2.2-A

Page 11a

OMB No. 0938-

State: Ohio

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Agency\*

Citation(s)

Groups Covered

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B. Optional Groups Other Than the Medically Needy  
(Continued)

- ☐ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

1902(a)(10)(A)  
(ii)(VII) of the Act

- ☐ The State covers all individuals as described above.  
☐ The State covers only the following group or groups of individuals:

\_\_\_ Aged  
\_\_\_ Blind  
\_\_\_ Disabled  
\_\_\_ Individuals under the age of --  
    \_\_\_ 21  
    \_\_\_ 20  
    \_\_\_ 19  
    \_\_\_ 18  
\_\_\_ Caretaker relatives  
\_\_\_ Pregnant women

\*Agency that determines eligibility for coverage.

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TN No. 05-002

Approval Date \_\_\_\_\_

Effective Date 4-01-05

Supersedes

TN No. 91-26

HCFA ID: 7983E

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